



STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
ARCHITECTURE AND ENGINEERING DIVISION
 1520 East Sixth Avenue • P.O. Box 200103 • Helena, Montana 59620.0103
 Phone: 406.444.3104 • Fax: 406.444.3399

ARCHITECT/ENGINEER REQUEST FOR PAYMENT

Project Name: _____ A/E #: _____
 Location: _____

Architect/Engineer: _____ Pay Request #: _____
 Address: _____ Date: _____
 Phone: _____

BASIC SERVICES	CONTRACT AMOUNT	PERCENTAGE COMPLETED	AMOUNT EARNED
1. Schematic Design Phase			
2. Design Development/Preliminary Design Phase			
3. Construction Documents Phase			
4. Bidding Phase			
5. Construction Phase			
ADDITIONAL SERVICES	(add any additional services as listed in the A/E Agreement)		
1. Programming			
2. Site Survey			
3. Geotechnical Investigation Report			
4. Record Drawings			
5. Warranty Inspection			
6.			
7.			
Fee Earned (Basic + Additional Services):			
SUPPLEMENTAL SERVICES			
		Supplemental Services are to be billed at 100% and not before completion.	
TOTAL FEE EARNED TO DATE:			
LESS PREVIOUS PAYMENTS:			
AMOUNT DUE THIS REQUEST FOR PAYMENT:			

I hereby certify that this submitted claim for payment is correct, true and just in all respects and that payment or credit has not previously been received. I further warrant and certify by submission of this claim that all previous work for which payment has been received is free and clear of all liens, claims, security interests or encumbrances in favor of the Architect/Engineer, subcontractors, consultants, employees, material suppliers or other persons or entities and do hereby release the Owner from such.

Submitted by: _____
 (Firm Name) (Architect/Engineer Signature) (Date)

Approved by: **Montana Department of Administration**
Architecture and Engineering Division
 (Owner) _____ (A&E Project Manager) _____ (Date)